

**THE COMPREHENSIVE PROGRAM
FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION**

TITLE PAGE

Check one: Preliminary Proposal _____ Final Proposal _____

This application should be sent to:

No. 84.116A

U.S. Department of Education

Application Control Center

Room 3633, ROB-3

Washington, D.C. 20202-4725

1. Application Number

2. D-U-N-S Number:

Employer Identification No.:

3. Project Director (Name and Mailing Address)

4. Institutional Information

Highest Degree Awarded:

_____ Two-year

_____ Four-Year

_____ Graduate

_____ Doctorate

_____ Non-degree granting

Type:

_____ Public

_____ Private

Telephone: _____

Fax: _____

E-mail: _____

5. Federal Funds Requested:

6. Duration of Project:

1st Year _____

2nd Year (if applicable) _____

3rd Year (if applicable) _____

Total Amount: _____

Starting Date _____

Ending Date _____

Total No. of Months _____

7. Proposal Title

8. Brief Abstract of Proposal (*DO NOT LEAVE THIS BLANK*)

9. Legal Applicant: (Name and Mailing Address) 10. Population Directly Benefiting from the Project:

Congressional District of the Applicant Institution:

11. Certification by Authorizing Official

The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct, that the filing of the application has been duly authorized by the governing body of the applicant, and that the applicant will comply with the attached assurances if assistance is approved.

Print Name

Title

Phone

Signature

Date

